



Type a plus sign (+) inside this box → ☐

PTO/SB/04 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

H3

**SUPPLEMENTAL
DECLARATION FOR UTILITY
OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Attorney Docket Number	TFD-001
First Named Inventor	John Clifton Mason
COMPLETE IF KNOWN	
Application Number	09 / 848,666
Filing Date	05/04/2001
Group Art Unit	1755
Examiner Name	Michael Duong

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Novel Polish Compositions and Method of Use

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

05/04/2001

as United States Application Number or PCT International

Application Number

09/848,666

and was amended on (MM/DD/YYYY)

(if applicable).

missing page 8 (spec)

I hereby declare that the subject matter of the ☒ attached amendment ☐ amendment filed on _____ was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the natural or PCT international filing date of the continuation-in-part application.

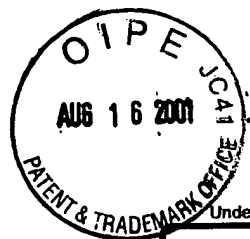
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



3

Type a plus sign (+) inside this box → ☒

PTO/SB/04 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

SUPPLEMENTAL DECLARATION — UTILITY OR DESIGN PATENT APPLICATIONDirect all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name The Furniture Doctor c/o Michael G. Kinnaird

Address 102 Lloyd St

Address

City Carrboro

State NC

ZIP 27510

Country USA

Telephone (919) 602-8002

Fax (919) 969-8405

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name John Clifton

Family Name or Surname Mason

Inventor's Signature 

Date 8-15-2001

Residence: City Carrboro

State NC

Country USA

Citizenship US

Mailing Address 103 Fowler St

Mailing Address

City Carrboro

State NC

ZIP 27510

Country USA

Name of Second Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name Michael Gates

Family Name or Surname Kinnaird

Inventor's Signature 

Date 08/15/2001

Residence: City Durham

State NC

Country USA

Citizenship US

Mailing Address 3612 Courtland Dr

Mailing Address

City Durham

State NC

ZIP 27707

Country USA

☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.